Department of Health Services Laboratory Field Services 1111 Broadway, 19th Floor Oakland, California 94607–4036

## **TISSUE BANK PERSONNEL REPORT**

Name of tissue bank		Telephone number		FAX number		Date
Name of dissue bank	( )			( )		Date
Address(es) (number, street)—Required				City		ZIP code
(Number, street)				City		ZIP code
List names, titles, and qualificatissue bank. Attach C V or resu	ations of persons ume for initial app	responsible for olication or new p	collection, personnel.	processing, storag	ge, or distrib	oution of tissue by the
LAST NAME	FIRST NAME AN	ID MIDDLE INITIAL	QUALIFICATIONS (INCLUDE TITLES, IF ANY)			DAYS/HOURS WORKED